



CITY OF DORAL POLICE DEPARTMENT

6100 NW 99th Avenue
Doral, FL 33178
PHONE: (786) 845-4616
IA@doralpd.com

Commendation Intake Form

This form can be used to tell our department about any Police employee who deserves to be recognized or commended.

Submitter Information:

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Encounter Information:

Type of Encounter:	Date /Time (AM/PM):
Location Address:	

Concerned Employee:

Employee Name:	Badge Number:
Employee Name:	Badge Number:
Employee Name:	Badge Number:

Description of Incident: *(If additional space is needed, submit additional pages along with this form.)*

May the department contact you for further details if needed? Yes No

Commendation Intake Form (continued)

Description of the incident: (continued)

Submitter's Signature

Date and Time

For IA
purpose only

Internal

External

Report
Prepared By: _____

ID#

Internal
Affairs

Div./Unit

Date/Time

Assigned To: _____

ID #

Internal
Affairs

Div/Unit

Date/Time

Due Date: _____